

University of Illinois Student Health Insurance

2021-2022 Student Health Insurance Plan (SHIP) Coverage Checklist

Undergraduate Students

Worldwide Coverage. Anywhere. Anytime.

| Coverage Checklist | Your Plan | UIUC-SHIP |
|---|-----------|------------|
| Type of Plan: Individual / Family | | Individual |
| Referrals/Prior Authorization required | | No |
| Annual Deductible | | \$250 |
| Annual Out of Pocket Maximum (per Affordable Care Act: Individual plans must be ≤ \$6,850; Family plans must be ≤ \$13,700) | | \$6,850 |
| Coverage per semester | | \$544 |

| Benefit and Affordable Care Act Requirements | Your Plan | UIUC-SHIP Benefits |
|--|-----------|--|
| Hospital Inpatient | | After satisfying \$100 per Admission Deductible & paying 20% of the first \$10,000, the balance for Room & Board charges & other hospital expenses incurred will be paid at 100% |
| Outpatient | | 20% Co-Insurance after Deductible up to the Out of Pocket Maximum |
| Emergency Room Visit | | \$50 Deductible then 20% Co-Insurance up to the Out of Pocket Maximum |
| Office Visit PCP or Speciality | | 20% Co-Insurance after Deductible up to the Out of Pocket Maximum |
| Diagnostic Testing | | 20% Co-Insurance after Deductible up to the Out of Pocket Maximum |
| Prescription Drugs up to 31 day Supply | | Tier 1 - \$15 Co-Pay Tier 2 - \$30 Co-Pay Tier 3 - \$50 Co-Pay Tier 4 - 20% Co-Insurance |

Student Health Insurance Plan Year is the Academic School Year, August - August.

Please visit si.illinois.edu for Coverage Dates and Enrollment/Change Period dates.



Student Affairs

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

si.illinois.edu

McKinley Health Center, 1109 S. Lincoln Ave
Lower Level, Rm 29 ■ 217.333.0165



UNDERWRITTEN BY:

UnitedHealthcare®

| Plan Requirements | Your Plan | UIUC-SHIP Benefits |
|---|-----------|--------------------|
| Provides inpatient and outpatient care on both an emergency and non-emergency basis within a 50 mile radius of the UIUC campus | | Yes |
| Plan is effective on or before the first day of the semester, with coverage extending for the duration of the academic year for which the student is enrolled | | Yes |
| Treatment of Pre-existing conditions (with no waiting periods or exclusions) | | Yes |

| Essential health benefits as defined by the Affordable Care Act (ACA) | Your Plan | UIUC-SHIP Benefits |
|---|-----------|--------------------|
| Preventative services, wellness services, and chronic disease treatment | | Yes |
| Outpatient care (ambulatory patient services) | | Yes |
| Emergency Services | | Yes |
| Hospitalization (treatment of inpatient care) | | Yes |
| In-patient/out-patient mental health services and addiction treatment | | Yes |
| Prescription Drug Coverage | | Yes |
| Rehabilitative services and devices | | Yes |
| Maternity and newborn care | | Yes |
| Pediatric services | | Yes |
| Unlimited lifetime limit | | Yes |

This checklist is provided for reference purposes only in comparing your plan to the UIUC-SHIP. If you determine your plan better matches the needs of a student, you may file a waiver to opt out of the SHIP. Go to si.illinois.edu, click OPT OUT and follow the steps. Filing a waiver may only be initiated during our Enrollment/Change period. These dates are posted on our website.

An approved waiver covers that academic year and in turn must be resubmitted each academic year.

If your plan Deductible or Out of Pocket Maximum is greater than UIUC-SHIP benefits it may NOT be in your best interest financially to opt out of the student insurance. Call 217-333-0165 with any questions.

Answering NO to any of the above questions means your plan does not meet the Affordable Care Act requirements and you will not qualify to opt out of the student insurance.

Each semester students may enroll dependents into the UIUC-SHIP to provide family coverage.

